Reproductive and Child Health Programme

2483. SHRI RAVULA CHANDRA SEKAR REDDY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry has approved guidelines for implementation of a national strategy for adolescent reproductive and sexual health under the second phase of the Reproductive and Child Health Programme;

(b) if so, the details thereof;

(c) the funds allocated/to be allocated to each State with a specific purpose;

(d) the funds utilized, so far;

(e) whether all the States have accepted the guidelines;

(f) if so, the details thereof; and

(g) if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (g) The Government has approved a National Strategy for Adolescent Reproductive Sexual health as part of Reproductive and Child Health Phase II Programme which commenced in April, 2005;

The Strategy highlights the need to create awareness and a supportive environment for improving health seeking behaviour of adolescents. It focuses on an awareness generation communication programme and a service delivery mechanism for providing Adolescent Sexual Reproductive Health Service through the existing public health system.

The National RCH-II Adolescent Sexual Reproductive Health Strategy has been adopted in almost all State RCH-II Programme Implementration Plans. The States have been provided funds to implement the approved State specific components on Adolescent Health. A statement showing the funds allocated to States under their PIPs for Adolescent Health is given in the Statement (*See* below).

In order to facilitate the implementation of the National Strategy, an National Consultation was held from 2nd to 5th September, 2005 in which a wide range of stake-holders including State Governments participated.

A need for detailed implementation guide for operationalizing the National Strategy was felt during the discussion in the National Consultation. A detailed Draft Guideline has been prepared.

Statement

Funds allocated by States under PIP RCH II for Adolscent Health

(Rs. in Crores)

RCH-II

Sl. No.	Name of the State/UT	FE 2005-07 financial Envelope	Approved RCH-II PIP for 2005-06	RCH releases till date	Adol. health component by the State in State PIP	Remarks
1.	Andhra Pradesh	181.00	90.50	47.35	1.57	
2.	Goa	3.00	1.50	1.06	0.00	
3.	Gujarat	121.00	60.50	13.83	0.00	
4.	Haryana	50.00	25.00	11.43	0.82	
5.	Himachal Pradesh	15.00	7.50	5.01	0.09	
6.	Jammu & Kashmir	24.00	12.00	6.05	0.04	
7.	Karnataka	126.00	63.00	27.31	0.20	
8	Kerala	76.00	38.00	21.44	0.15	
9.	Maharashtra	231.00	115.50	52.81	3.46	
10.	Punjab	58.00	29.00	17.42	0.42	
11.	Tamil Nadu	148.00	74.00	21.39	0.70	
12.	West Bengal	191.00	95.50	59.83	2.30	
13.	A & N Islands	1.00	0.50	0.45	0.00	
14.	Chandigarh	2.00	1.00	0.74	1.55	including BCC activities
15.	D & N Haveli	1.00	0.50	0.35	0.00	
16.	Daman & Diu	1.00	0.50	0.12	0.05	including BCC activities
17.	Delhi	33.00	16.50	3.77	0.03	
18.	Lakshadweep	1.00	0.50	0.12	0.01	
19.	Pondicherry	2.00	1.00	0.86	0.01	
20.	Bihar	257.00	128.50	29.38	2.69	

Sl. No.	Name of the State/UT	FE 2005-07 financial Envelope	Approved Ren-D PIP for 2005-06	RCH releases till date	Adol. health component by the state in State PIP	Remarks
21.	Jharkhand	84.00	42.00	17.60	0.00	
22.	Madhya Pradesh	187.00	93.50	56.2	2.56	
23.	Chhattisgarh	65.00	32.50	16.74	1.80	
24.	Orissa	114.00	57.00	40.5	0.09	
25.	Rajasthan	175.00	87.50	40.01	7.20	
26.	Uttar Pradesh	515.00	257.50	169.73	1,22	
27.	Uttaranchal	26.00	13.00	6.96	0.00	
28.	Arunachal Pradesh	8.00	7.35	7.35	0.00	
29.	Assam	203.00	116.05	64.92	0.00	
30.	Manipur	18.00	11.93	7.43	0.12	
31.	Meghalaya	18.00	9.00	4.50	0.00	
32.	Mizoram	7.00	13.57	11.82	0.00	
33.	Nagaland	15.00	10.36	6.61	0.00	
34.	Sikkim	4.00	1.82	1.00	0.00	
35.	Tripura	24.00	9.67	6.00	0.00	

Female foeticide

2484. SHRI RAJKUMAR DHOOT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the findings of recent study in the U.K. that female foeticide in India runs into millions;

(b) if so, whether Government agree with the findings, at least partially; and

(c) what steps are being contemplated by Government to tackle this problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The